Part B Insider (Multispecialty) Coding Alert

Coverage: Half a Loaf of Coverage Improvements Is Better Than None

CMS promises to speed up consideration

The Centers for Medicare & Medicaid Services finally came out with a new policy that it says will improve the coverage process, three years after the Benefits Improvement and Protection Act mandated sweeping changes that critics charge remain incomplete.

CMS published a notice in the Sept. 26 Federal Register that establishes a separate process, with "more rigid time frames" for beneficiaries who qualify as "aggrieved" under BIPA. CMS also revised and updated a list of elements that constitute a formal request for the agency to "reflect best practices," and clarified its conditions for accepting a formal request. CMS also clarified that all the currently available evidence must be "adequate" for it to conclude that an item or service is "reasonable and necessary."

The changes incorporate the lessons that CMS says it has learned over the past three years and implements some BIPA requirements.
Separately, CMS released a decision memo stating its intent to add ICD-9 codes 863.91 through 863.99 to the list of covered diagnoses for prothrombin time and fecal-occult blood tests. You will soon be able to bill for these tests for a wide range of diagnoses relating to injury to the gastrointestinal tract. CMS received an inquiry as to why all these diagnoses weren't covered for these tests back in February.

CMS notes that its existing national coverage determination for FOBT mentions the evaluation of conditions that could cause intestinal bleeding as one reason for the test. "Clearly these gastrointestinal organs with an open wound into cavity could be known or suspected causes of bleeding into the intestinal tract, an existing indication for FOBT testing," CMS states. "Further, we believe that such wounds could produce signs and symptoms of abnormal bleeding which would support the performance of a PT test."

Also, CMS announced it was undertaking a "thorough review" of its policy on utilization of erythropoietin (EPO) in end-stage renal disease patients, aiming to issue a final memo in May 2004.